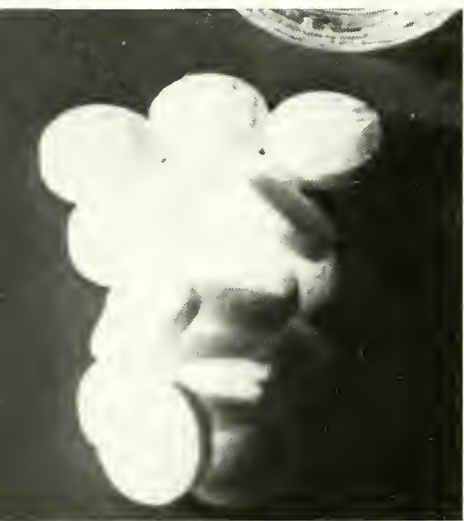


# VCU magazine

NOVEMBER 1974



Poverty and the precarious economy  
(pages 3 - 16)



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David R. Mathis  
editor

James L. Dunn  
director of alumni activities

Mary Margaret Coleman  
alumni records officer

**VISUALS:** Bob Jones, Jr. cover 10;  
Phillip Downs: 3-8, 15, 18.  
Gary Burns: 9, 14, 17, 20-24  
Bob Hart: 25, 29



## Legacy of a president



Dr. Warren W. Brandt

**P**rior to 1968, the Wayne Commission developed the concept of a new urban-oriented university in Richmond. It proposed the merger of the Medical College of Virginia and the Richmond Professional Institute to form the nucleus of this forward-looking academic creation. Following legislative action in 1968, it was my privilege to have the opportunity of being the first president of Virginia Commonwealth University.

One of the many major tasks confronting this newly legislated idea was the creation and development of the structure

required to provide the environment for the growth and strengthening of the new university. After much study an administrative structure was established which would facilitate the interaction necessary to the generation of an effective university rather than two separately growing entities with nothing in common other than the legislation.

Another key element was a structure for university governance—the process by which the various groups, faculty, students, and administration share the responsibility for generating academic and student-life policy

Dr. Warren W. Brandt resigned the university presidency effective October 1 of this year. In submitting his resignation to the Board of Visitors, Dr. Brandt indicated a desire to seek new challenges in education. He was VCU's first president and as such did much to meld two formerly separate institutions into what has become Virginia's largest university.

During the period of search for a new president, the university is being administered by a committee headed by T. Edward Temple, vice-president for development and university relations. Dr. M. Pinson Neal, provost on the MCV Campus, and Dr. Francis J. Brooke, provost on the Academic Campus, complete the committee.

In addition to the Board of Visitors' search committee in the form of its executive committee, Dr. Wyndham B. Blanton, Jr., Rector, has appointed a presidential search assistance committee headed by Dr. H. I. Willett.

Dr. Brandt becomes president of Southern Illinois University, Carbondale, on December 1.

Dr. Brandt, undeniably a leader, was responsible for directing the university through a time of transition in organization and during a period of expansion in educational programs, physical plant, and numbers and quality of faculty. Responding to a request from the *VCU Magazine*, Brandt reviews his term as president.

within the university. The University Assembly was created as the top decision-making body in the governance structure. During the following years, that body became the focus of the "shared responsibility" concept. It was a dynamic demonstration of the effectiveness of a community of scholars. Bringing a diversity of experiences and approaches to the conference table, the members engaged repeatedly in a laborious but highly effective process of learning and compromise. The results have served the new university well and offer convincing argument that

many heads are better than one.

At the same time departments on both campuses were discovering significant advantages of the new unity in the process of acquiring faculty. There is a general recognition of the advantages of being a university among prospective faculty. The importance of this fact has played a major role in the dramatic progress which has been made. Also of primary importance in permitting us to take advantage of the preceding point was the growth in the size of the student body which justified significant increases in the size of the faculty.

In order to accomplish this progress, major increases in funding were required. The General Assembly recognized the importance of this new university by providing generous support. The result has been a major university providing outstanding service to Richmond, the entire Commonwealth, and the nation.

Research growth is directly related to the increase in the competence of the faculty. Dramatic evidence of the progress made was provided by the recent fiscal year (1973) listing of the top 100 institutions in the United States in terms of the amount of federal dollars supporting research and training. Virginia Commonwealth University ranked 98th, our first entry into the top 100 except for an earlier year in which a major construction grant was received.

Another anticipated result of the growth in size and caliber of the faculty and student body has been the introduction of dozens of new academic degree programs at the doctoral, masters, and baccalaureate levels. The motivation for this development was the desire to serve better the citizens of Richmond and Virginia. The growth made it possible to provide the improved service,

A very important outcome of this academic broadening has been the creation of a more comprehensive university. The liberal art subjects may be the most dramatic example; however, each of the new programs has provided a significant step forward in the progress of VCU. New doctoral programs bring considerable

credit to a university, but so do new, timely programs at the bachelor's level.

While new programs are more readily quantifiable and often attract more headlines, it is impossible adequately to laud the progress in upgrading and revising which has occurred in almost every program and department on both campuses. A significant percentage of the total faculty effort over the past five years has been devoted to this vital endeavor. It has resulted in academic offerings which provide the students with the best in up-to-date content and approach to education.

Little of the above could have been accomplished without an accompanying growth and improvement in facilities. Both campuses have benefited in a major way from the generosity and wisdom of the General Assembly. Master site planning involved the first year or two of the life of the university. Major progress in the implementation of these plans has demonstrated the effectiveness of the planning process. Students, faculty, and townspeople will benefit for decades to come from the efforts of the many persons who participated in the development and implementation of the Master Site Plan.

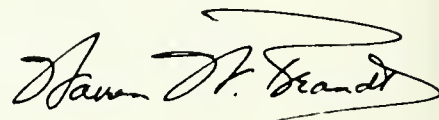
As satisfying as all of the progress has been, it would have lacked vitality and meaning if it had not been for an additional factor—the urban commitment of everyone in the university. It is impossible to measure this commitment, to weigh it or count it, but it is real and it is impressive. It provides a special spirit which is an integral part of all of our effort.

Individually, it may show in the development of new programs, the reorientation of an old course, serving on a social agency board, taking a class into the city for a more meaningful education, serving mankind as a volunteer worker in one of a variety of agencies, helping alleviate an urban problem through research, participation in the governmental process, or any of a myriad of other ways.

Institutionally, it shows the emphasis on continuing education,

the Evening College program, and the emphasis on admission and hiring of minorities, to mention only a few.

It is a commitment that draws students, faculty, and administration to Virginia Commonwealth University because of the atmosphere and excitement being created. The vision of those whose wisdom and foresight led to the creation of this new entity can take real pride in this major university located on two campuses in the heart of Richmond and serving all Virginians.





# Dorothea Dix, Social Darwinism, and the War on Poverty **Democratization of society?**



*Recent years have understatedly brought forth changes, innovations, and an almost endless listing of both good and bad "firsts" in this country. Surely, social reform and its accompanying legislation would be affected by this demonstrative era.*

*Thomas O. Carlton, assistant professor of social work at the university, responded to some questions posed by the staff of the VCU Magazine.*

**Q. When did concern for social legislation get under way in this country?**

A. Concern for social welfare and specific social legislation in America pre-dates independence, although terms like social welfare and public welfare are of recent origin. When the first English settlers arrived at Jamestown and Plymouth, they brought with them a system of public poor relief which remained in operation for more than 300 years with little change.

Like many other systems in the United States, the origins of America's approach to social welfare are found in medieval England. Welfare historians usually look to the Statute of Laborers, enacted by Edward III in 1349, as the act from which the administration of social security in the United States dates. Probably the most famous welfare

*Edgar May's "wasted Americans" are increasingly invisible to the non-poor.*

legislation ever passed was the act of Elizabeth I which came into force in 1601. The approach embodied in this law continues to influence welfare thinking in America today.

When the colonists arrived in America, they were faced with serious welfare problems which included poverty, physical and mental illness, dependent children, and dependent adults. The approach to social welfare problems which these colonists brought from England included: (1) public administration of relief at the local level; (2) public funding through taxation; (3) provision for broadening the administrative base; (4) the categorization of social needs; and (5) the doctrine that relatives were responsible for helping their needy kin. Later, residency was established as a condition for relief, although this criterion was implied in English legislation that dates back as far as 1536. Wage supplementation was added in 1795 and institutions (poorhouse and workhouse) rounded out America's public response to welfare problems by the 19th century.

It should be emphasized, therefore, that America has had a formal policy of providing for people in need at public expense since its founding. Although the colonial laws emphasized public assistance at the local level, and only for local inhabitants, there has been an uneven history of attempts to move the administration of public welfare to higher governmental levels. During the American Revolution, for example, when numerous new welfare problems emerged, the administration of public welfare moved from the local level to the state (colonial) level in New York. During the 19th century, Dorothea Dix mounted a major but unsuccessful campaign to move responsibility for services for the mentally ill to the federal level. The establishment of the Supplemental Security Insurance Program for adults, which began operation in January 1974, is the most recent example of this upward thrust in social welfare legislation.

**Q. To what extent has this initial movement of social reform laws and policies retained its original momentum?**

A. There is little doubt that some of the poor laws were harshly and, in some instances, cruelly implemented during the colonial period. Puritanism divided people into two groups — those who were saved and those who were damned. The poor laws, through a rude categorization of needs, similarly divided people into groups — the worthy and the unworthy poor, often referred to as the able-bodied and the non-able-bodied poor. This tendency to dichotomize need and to characterize individuals in terms of moral doctrines which overlook socioeconomic factors that create or contribute to social need tends to remain an important factor in American thinking about social welfare today.

Initial efforts at social reform in America occurred during the 17th century, but these initial efforts did not occur in the public sector. Movement began in the private sector spearheaded by the Quakers in response to perceived excesses of Puritanism and ineffectual poor law implementation. In part, the Quakers developed major reform efforts directed toward improving the conditions of prisoners and combating slavery.

A second major reform effort occurred at the end of the revolutionary period when merchants throughout the newly formed United States began to form groups to study social problems that affected them directly. There was a tendency for these merchants to return to England to study English responses to similar problems and then advocate English approaches in America. This period in social reform has been referred to as the period of merchant philanthropy. As a result of these early efforts, a system of non-sectarian private welfare services, unique to the American experience, was developed in the United States. Even today most private welfare services in Europe tend to be conducted under the auspices of religious organizations.

Other social reform movements which occurred during the 19th century were efforts to abolish slavery and to reform mental institutions. These efforts were carried out largely in the private sector, but they had implications for public policy. In vetoing the Dix bill, which would have established federal responsibility for mental health institutions, President Franklin Pierce established a policy opposing federal intervention in social welfare matters which dominated the United States from 1854 until the Great Depression of the 1930's.

The public poor relief system inherited from England prevailed empirically and statistically until the Great Depression, although efforts at social reform continued during the last half of the 19th century and the first part of the 20th century. American cities developed Associations for Improving the Condition of the Poor, which were important indigenous institutions in America's developing response to social problems.

Around 1870 a group of concerned philanthropists founded the Charity Organization Society (COS) Movement and the Settlement Movement, both based, once again, on English models. The Charity Organization Society coordinated philanthropic efforts in order to avoid duplication of aid. In stressing a pastoral approach to social welfare, the COS emphasized precept and example and opposed all forms of public relief. Poverty was thought to be the result of character or moral defects and little consideration was given to the impact of industrialization and urbanization which was rapidly occurring in the United States. The COS also placed great emphasis on record-keeping, both in terms of individual cases and in social situations. Out of these efforts emerged the casework method of social work.

While the COS gave primary attention to the reform of individuals on a one-to-one basis, the Settlement Movement stressed the reform of society. In dealing with the large groups of immigrants who swelled the population of major cities, settlement workers, led by





Jane Addams, spearheaded a number of social reforms which included the prohibition of child labor and the establishment of the Children's Bureau. The origins of social group work are found in the Settlement Movement. Both the Charity Organization Society and the Settlement Movement emphasized community organization approaches to social problem-solving, and it is to these two organizations that social work looks for its professional roots.

**Q. What are some of the earlier reforms on which we are still depending?**

A. By the end of the 19th century, the major European countries legislated fundamental changes in their approaches to social problems. At the turn of this century, poverty was "discovered" in the United States, and a series of social reform movements began which included the labor movement and the woman's movement. Out of these movements came workmen's compensation laws, aid to widows with children, the Children's Bureau, the juvenile court, and women's suffrage.

Although many early programs for mothers and children were designed to help the widows of naval personnel, such programs have traditionally been viewed from a negative perspective in America. This negative viewpoint is part of the legacy of Puritanism which viewed the widow with suspicion and condemned the unmarried mother outright. Social Darwinism and political nativism were also primary factors in this generally negative response to social problems.

Concern for poor housing also grew during the 19th century along with the developing techniques of social research, and several housing studies were undertaken in the late 1800's by private social agencies. In the 1909 Pittsburgh Study, however, the community survey approach was applied on a large scale for the first time in a major American urban center with this form of research coming to dominate social research for several generations.

The Great Depression of the 1930's dramatically demonstrated that neither the public poor relief

*Concern for poor housing began in the 1800's by private social agencies.*



approach inherited from England nor private agencies were able to meet the social needs of an industrialized and urbanized society. The public poor relief system had been designed basically for an agrarian society and was totally unsuited to respond to the demands of a modern industrial society. Private efforts were unable to respond adequately to the growing need.

The result of the crisis of the 1930's in terms of lasting social legislation was the Social Security Act of 1935 which was designed to curb the worst excesses of the free enterprise system by providing economic assistance for old age, disability, death, and certain other categories of need. This act and its subsequent amendments form one of the basic structures for today's public social welfare activities in the United States.

Embodied in these legislative enactments are many concepts, principles, and approaches which have survived from the poor law approach. The results of the poor law approach in America were universally negative and constitute the source of nearly all contemporary public assistance problems in the United States today. The poor law approach demands decentralization and remains localistic and agrarian in its concepts. It ignores urbanization, industrialization, and centralization. It is significant that the United States remains the only major industrial country in the western world which approaches the resolution of social welfare problems from a basically poor law stance and perspective.

**Q. During the Kennedy and particularly the Johnson years what renewed emphasis was aroused to bring forth legislation?**

A. In this country we periodically rediscover that poverty exists in our society. Such a rediscovery occurred during the latter part of the 1950's. After World War II, the American standard of living ascended to a level of affluence hitherto unknown in the history of mankind. Nevertheless, there were significant numbers of people who did not participate in or benefit from this affluence. Among them were migrant workers, the elderly, unmarried mothers, certain segments of youth, and minority

groups. Edgar May called these people "the wasted Americans" or "America's permanent poor."

Due to the accelerating affluence in America, the poor were increasingly invisible to the non-poor. In other times, for example, to go from one side of town to another, it was often necessary to go through a poor section of the community. Today, however, the advent of interstate highways and freeways often makes it possible to move across a geographic area as large as metropolitan Los Angeles, which comprises about 450 square miles, without ever seeing any poverty.

Towards the end of the 1950's a growing mood which began in many segments of American society recognized that serious social problems did exist in this country. That mood came into full bloom during the Kennedy administration when it was generally agreed that all problems were of human creation and therefore amenable to human resolution. In my opinion, the Civil Rights movement of the 1950's and early 1960's was a major force in bringing an awareness of social problems and the need for social reform to the American people. In a sense, it was a factor that crystallized in a determination to resolve lingering problems and prepare for a better future. In any event, it was more of a mood than anything else that characterized the Kennedy years. This mood represented a renewed sense of confidence and commitment and the belief that problems would be solved at home and abroad.

Just as Hunter's book, *Poverty*, led to the "discovery" of poverty at the turn of the century, Harrington's book *The Other America* led to its rediscovery during the early 1960's. Harrington's book represented a non-technical report on poverty in America and so influenced President Kennedy that three days before his death the President gave his chief economic advisors the go-ahead to plan an all-out war on poverty.

The early Johnson years saw the transformation of the determination for positive change which had been growing since the 1950's into a vast

outpouring of legislation designed for social betterment. Among these acts were the Civil Rights Act of 1964, the Economic Opportunity Act of that same year, and the Model Cities Act of 1965. Expanded provisions for social services had already been written into the Social Security Act by the amendments of 1962, and overnight it seemed that new programs came into existence across the land. Some of the better known of these programs were the Job Corps, Headstart, and the Community Action Program. If there was one phase that typified the War on Poverty it was "maximum feasible participation."

**Q. From the standpoint of the profession of social work, what effect has the social legislation of the 1960's had on the human condition, on the welfare of the American people? Have conditions of poverty and despair significantly improved in recent years?**

A. Several different problems are involved in your question, and they are difficult to answer. First, it is almost impossible for one individual to speak for the profession of social work. In Ruth Smalley's words, the underlying purpose of all social work effort is to release human power in individuals for personal fulfillment and social good and to release social power for the creation of the kinds of societies, social institutions, and social policy which make self-realization most possible for all men. To these ends, social work holds great respect for the worth and dignity of every individual and great concern that the individual has the opportunity to reach his maximum potential as an individual and as a socially contributive person.

In my opinion, the most significant contribution of the War on Poverty was that large numbers of disadvantaged people were included in the political process for the first time and new opportunities to participate in decisions that affected their lives and environments redefined their political, social, and economic rights. Included in this redefinition was the right to participate in making decisions that had to do with the allocation of resources for social betterment.

Some observers believe that the



war on poverty failed. Yet, the fact that large numbers of people in many communities across the nation—lay, professional, citizen, minority, student, and youth—became actively involved in making decisions which affect them will, in my opinion, have lasting impact on the human condition in America. The concept of participation has had a long history as an important American value. The fact that many previously excluded individuals and groups became involved during the 1960's makes it unlikely that demands to participate in decision-making activities will decrease.

In terms of poverty, it is difficult to say much more than that the number of poor had been on the decrease over the years but is currently on the rise again. The current economic situation with its widespread inflation makes it difficult at this point to give a precise response to this question. Inflation, for example, has affected many previously non-poor people. It has had a particularly disastrous effect on low-income groups, and its impact on really poor people is traumatic.

Poverty is a relative thing, but groups who were poor before the war on poverty remain poor today. In fact, if one re-reads Harrington's book in 1974, it is difficult in many respects to see that anything has changed significantly since the book first appeared in print.

**Q. Is the present trend in federal government that of a continuing commitment to social programs and to the well-being of the American people?**

A. Because of the recent changes which have occurred in the national administration, present trends in the federal government are unclear. It is clear, however, that domestic welfare was not a primary concern during the Nixon years. The Nixon administration actively pursued a policy of dismantling the war on poverty and bringing its many social programs and benefits to an end. Priority was instead given to foreign affairs. Clearly, detente with the Soviet Union and the People's Republic of China as well as the

establishment of peace in other parts of the world took precedence and received priority attention during the Nixon administration. The scandal and confusion stemming from Watergate which characterized the last months of the Nixon administration did not detract from that administration's significant accomplishments in the field of foreign policy.

On the other hand, for large numbers of Americans Watergate dramatically pointed out and underscored a growing sense of hopelessness and estrangement from government which had accelerated under President Johnson as a result of the Vietnam War.

It is too early to tell what the stance of the new administration will be in terms of social legislation and commitment to social betterment. There is some reason for optimism. President Ford, for example, in his inaugural address noted his intention to be the President of all the people and to give domestic affairs priority attention. And, the President has stressed his support of legislation to establish a national health insurance program. What his commitments will mean in terms of specific legislation cannot fully be discerned at this time. About all that can be said is that there has been a partial restoration of confidence among the people and a return to some



*Since its founding, the United States has had a formal policy of providing for needy people at public expense.*



*Throughout history, America has periodically "rediscovered" the conditions of poverty within her society.*



The "war on poverty" brought large numbers of the disadvantaged into the political arena for the first time.



semblance of cooperation between the President and the Congress.

**Q. Where does this leave the unmarried mother with several young children? What hope can she derive from the government's commitment to her and how may she benefit?**

A. In January 1974, the Supplementary Security Income Program was operationalized. This program moved all assistance in the adult categories to the federal level. Thus, assistance for old age and aid to the disabled moved to the federal level under the auspices of the Social Security Administration. Only Aid to the Families with Dependent Children (AFDC) and general relief were left to the states and/or localities. This decision was significant, for services and economic assistance to mothers and dependent children in need has been a controversial subject since long before the passage of the Social Security Act in 1935. As you will recall when the first mothers' pension programs were proposed in the early part of this century, our Puritan heritage caused us to look upon widows with suspicion and unmarried mothers with condemnation. Help for

mothers and dependent children has traditionally been a hotly debated topic. Today, it is this group of recipients that is largely labeled as the "unworthy poor."

On the basis of both her experience and study, Hollis defined poverty in terms that can be applied to this group of needy people and families. AFDC recipients suffer not only from actual deprivation and live in crowded and run-down housing but also from depleted energy and a strong sense of inferiority or lack of self-esteem. Nevertheless, there is often great sensitivity to criticism among this group overlaid by defensive hostility, denial, and rejection. People receiving AFDC are often discouraged to the point of chronic depression, and they almost surely have an underlying sense of resentment and anger. They find it difficult to believe that caseworkers or other social welfare personnel who are well dressed, healthy, and well educated members of the middle class can respect them or be relied upon to help them. Motivation and aspiration are often present, but disappointment after disappointment and frustration after frustration have often forced the AFDC client to bury her hopes in order that she will no

longer be vulnerable to so much pain.

At this point it seems appropriate to point out that the whole host of programs and services under both public and private auspices exist for people in this country who are *not* poor or the recipients of public assistance. Unemployment insurance and workmen's compensation, for example, are available to all people who have a connection to the work force as are other benefits of the Social Security Program. Increasing numbers of middle-class and even upper-class people have turned to family and children's agencies in order to solve problems which impede social functioning.

What is lacking in the United States is a systematic commitment on a national level to social betterment. I mentioned earlier that we tend in this country to respond to social problems from a basically poor law stance. In essence, there are two basic approaches to social welfare problems. One is known as the residual approach and holds that the marketplace and the family are the primary vehicles through which social needs should be met. In the event that the marketplace or family breaks down and is unable to meet



the needs of people, the government steps in on an emergency basis to offer whatever services are required. Once the crisis has passed, the government retreats.

The developmental approach to social welfare problem solving, on the other hand, is motivated by commitment to, and a valuing of the importance of every individual in society. In short, this second approach holds that individuals are so important to the well-being of society as a whole that the maximum potential development of each individual cannot be left to chance. As a result, universal programs for social betterment are mounted such as the Children's Allowance Program in Canada, and the housing and educational programs of Great Britain. In the latter, for example, education, both public and private, is free from kindergarten through the doctoral degree.

**Q. Have schools of social work responded to recent trends in social legislation?**

A. Whole books could be written on this question, but a few generalizations are possible at this point. Over the last decade and continuing into the present, professional schools of social work have responded to the vast changes that have occurred in our society by substantial and substantive curriculum revision. In the past, preparation for professional practice tended to be organized along rather narrowly defined and specifically focused practice methods. During the 1960's, curriculum was expanded to include greater attention to policy issues, social problems, and whole fields of practice. Revision of curriculum is a continuing process and even today schools of social work are continually responding to changing social problems in ways that reflect new knowledge and new skills as this information becomes increasingly available. At VCU, for example, the School of Social Work is contemplating a major revision in curriculum and will begin to consider the process during the current academic year. Emphasis on the development of practice skill, however, will continue as a primary component of the VCU graduate



*Mr. Carlton, currently at work on his doctoral degree, earned the M.S.W. at the University of Southern California, his M.A. at California State University at Los Angeles, and his B.A. at the University of California at Los Angeles.*

*A former Peace Corps volunteer, Mr. Carlton has received numerous scholarships and stipends for furthering his career and has been published in professional journals such as Social Work. One of his specialty areas is social welfare policy and administration.*

social work program.

One of the great strengths of social work lies in the fact that there is no area of human or social need from which the profession is separated. As individual and social problems and needs change, social work has in the past (and continues in the present) moved into new areas of knowledge and practice. The value base of social work requires that the profession take a broad, dynamic view of people and society. Social work is not a static profession. Differences in individuals is accorded primary importance and highly valued. Social work views the person in his total situation, both as a personality and as a social entity. The major concerns of social workers are, and continue to be, the well-being of individuals and the well-being of society as a whole. This requires that efforts not only be directed to improve social functioning among individuals but also to improve social institutions and, where necessary, to facilitate change in the structures and the functions of social institutions.

**Q. What pattern, if any, has developed to arouse concern for or satisfaction with our present social conscience? What will in a few years encourage the student to become a professional social worker?**

A. I don't think that any specific pattern has developed to arouse concern for, or satisfaction with, our present social conscience except, perhaps, amongst today's young people who seem to be much more tolerant to difference and, in some respects, more committed to the democratization of society than has been true of young people in the past.

In part, at least, social reform efforts have contributed to this increased democratization. The Supreme Court's desegregation decision of 1954, for example, has transformed communities across the southern part of the United States. While it surely cannot be said that this decision has solved problems totally, recent reports do indicate that at least initial steps have been taken which will pay social dividends in the future.

As to the things that encourage a student to become a professional social worker, these remain fairly constant. Students who matriculate into graduate schools of social work are strongly motivated by a deep-rooted concern for the well-being of people and an interest in contributing to the development of a better society for all Americans. These personal commitments have not changed over the years, and there is every reason to assume they will intensify in the future. ☸





*Public service jobs are planned to help overcome the increasing unemployment rate in this country.*





## The U.S. Economy

# How sick is the patient?

By Dennis M. O'Toole

In medicine, one of the first tests used to determine whether or not a patient is healthy is to take the patient's temperature. If the patient's temperature deviates too much from 98.6 degrees, it is a signal that something might be wrong.

Economists, like medical doctors, use a number of measures such as body temperature to ascertain the health of an economy. Three of the most important measures of performance are: (1) the rate at which consumer prices are changing, (2) the unemployment rate, and (3) the growth in real Gross National Product.

Economists measure a number of prices, but the index that is most relevant to the average person is the Consumer Price Index (CPI). The CPI measures changes in the average price of a representative sample of approximately 400 goods and services purchased by typical wage earners in urban areas in the United States. The CPI covers the prices of everything from beer and pretzels to tennis rackets and relates them to a given base year. For example, the CPI at the end of August 1974, was 150.2 using 1967 as the base year. A CPI of 150.2 means that the average price of the 400 marketbasket items had increased by 50.2 percent above the prices of the same items in 1967.

An increase in the CPI of 2 to 3 percent per year, such as occurred in the 1950's and 1960's in the United States is usually called *creeping inflation*. A number of economists believe that a small amount of creeping inflation is necessary to stimulate growth in an economy. However, double-digit inflation of

10 percent and above is often called *galloping inflation* and can have serious effects on an economic system.

A second standard economists use to judge the health of the economy is the employment level. In the early 1960's, Dr. Walter Heller, chairman of President Kennedy's Council of Economic Advisors, considered 96 percent employment of the labor force (or 4 percent unemployment) as "full employment." Today, however, several economists have argued that the structure of the labor force has changed and 95.5 percent employment should be considered as "full employment." Since there are approximately 90 million people in the civilian labor force, a change from 4 to 4.5 percent as an acceptable level of unemployment means that 450,000 more people would be unemployed before any government action is indicated.

A third measure that can be used to judge the performance of the economy is the change in the rate of growth in real Gross National Product (GNP). Changes in real GNP are different from changes in money GNP. Money GNP may increase because prices have increased, but real GNP measures the changes in actual goods and services when price changes have been eliminated. If real GNP is growing at less than 4 percent per year annual rate, unemployment tends to rise. It takes a 4 percent increase in real GNP to have enough jobs for all new entrants into the labor force and to cover productivity gains. A drop in real GNP for two consecutive quarters of the year is officially defined as a recession.

from healthy. The consumer price index has increased almost 11 percent from the second quarter of 1973 to the second quarter of 1974. Preliminary consumer price index data for the third quarter of 1974 suggests a continuation of a high rate of inflation. Like a temperature, the rate of inflation signals that something is wrong, but doesn't signify what the problem is. The current inflation has many causes, but it is helpful to categorize them into three main aspects.

The first aspect concerns recent extraordinary events such as disastrous crop failures, oil embargoes, and dollar devaluations. If we are lucky, these extraordinary events will normally occur at different times, but in the last few years, they have all occurred simultaneously. Some experts, such as Secretary of the Treasury William E. Simon, believe these events are responsible for a considerable portion of the present inflation. From an economic standpoint, little can be done to prevent most of these extraordinary events; economic policymakers can do little to remedy such events.

The second aspect of the present inflation may be described as *demand-pull*. During 1972 and the first quarter of 1973, the American economy grew at high rates. These relatively high growth rates coupled with artificially low wage-price controls put huge demands on certain sectors of the economy such as paper, cement, nonferrous metals, rubber, and chemicals. Since these sectors were already operating at capacity and sought additional profits in order to expand their firms, large price increases in these areas were not uncommon. Many

government deficits and huge increases in the money supply during 1971, 1972, and part of 1973. When demand-pull inflation occurs, economic policymakers have the greatest chance of reducing the rate of inflation.

The third aspect of the present inflation is inflationary expectations. Inflationary expectations consist of an attitude among consumers, workers, and businessmen that the rate of inflation is constantly getting worse and that as a consequence wages and prices must be raised accordingly, regardless of productivity. However, in the aggregate, increases in wages mean nothing unless there has been an increase in productivity. For example, if total wages increased by 10 percent but total output stayed the same, it would mean that there would be more money to buy the same number of goods and services. Prices would have to be raised to ration the available goods and services. Inflationary expectations can greatly aggravate the rate of inflation in highly monopolized industries where labor and management have enough market power to control wages and prices without having to adhere to market forces. For instance, assume that labor and management in the automobile industry are able to control wages and prices. Workers facing higher consumer prices bargain for wage increases which are higher than their output. Management facing higher unit labor costs reduce the supply of automobiles in order to increase the automobile price in an attempt to maintain profits. Thus, this type of inflation can occur even though the demand for automobiles has been reduced.

Price and wage increases in highly concentrated sectors are usually described as *cost-push inflation*. Most economists suspect that cost-push inflation will be a strong force in keeping upward pressure on prices during 1974. For example, compensation per man hour surged at a 14.2 percent seasonally adjusted annual rate during the second quarter of 1974 which was more than double the 6.4 percent rate of

Quarter	Unemployment rate (Percent)	Percentage Change in Real Growth	Consumer Price Index (1967 = 100)
1st Quarter 1973	5.05	+8.0	128.7
2nd Quarter 1973	4.90	+2.7	131.5
3rd Quarter 1973	4.70	+3.4	134.3
4th Quarter 1973	4.70	+1.3	137.6
1st Quarter 1974	5.16	-7.0	141.4
2nd Quarter 1974	5.08	-1.0	145.6

The figures in Table I indicate that the American economy is *far*

economists feel that the demand-pull aspect of the current inflation was also intensified by years of



# **U.S. has officially had a recession in 1974.**

the first quarter of 1974. Since productivity during the second quarter of 1974 did not increase anywhere near 14.2 percent, the higher wages in noncompetitive sectors will have to be passed on in the form of higher prices. Traditional economic policies have proven to be somewhat effective in reducing inflationary expectations in competitive sectors, but have had very little success as a remedy for reducing the rate of cost-push inflation in highly monopolized sectors.

Although the data in Table I indicates that the unemployment rate for the second quarter of 1974

has declined from the first quarter, more recent figures indicate that the unemployment rate is creeping upward. The unemployment rate for August 1974, reached 5.4 percent

*American economy is  
far from healthy.*

and is expected to go as high as 6 percent by the end of 1974. The unemployment rate is especially high for the young (three times the national rate), the unskilled, and the minorities (about double the national rate). As unemployment

creeps upward, these will be the groups most hurt.

The figures pertaining to real growth in Table I confirm the fact that the United States has officially had a recession in 1974. Real growth in GNP has declined for two consecutive quarters of the year. The economy should come out of the recession by the end of 1974, but it is very possible that there will be zero real growth in GNP for the entire 1974 calendar year. Any attempts by economic policymakers to increase real growth during 1974 will probably intensify inflationary pressure.

## WHICH DISEASE TO CURE?

The diagnosis reveals that the United States economy is suffering from two simultaneous diseases—inflation and recession. The recession is basically the result of medicine that was applied during 1973 in an attempt to remedy the demand-pull aspect of inflation. However, there was a time lag between the time the medicine was taken and the time the effects became visible. The medicine contained two main ingredients: (1) a sharp slowdown in money supply by the Federal Reserve Bank, and (2) a reduction in the growth of real government spending. The medicine had very noticeable effects on both long- and short-term interest rates. These high interest rates in turn were partly responsible for sizable reductions in (1) residential construction, (2) new car sales, and (3) sales of other durable goods such as refrigerators, stoves, carpets, and furniture.

If the medicine for inflation has been administered, why do we still have the disease? There are several reasons. First, the medicine must be taken for a longer period. The expectation aspect of inflation can be effectively dampened in the competitive sector only through experience with lower rates of inflation. Such lower rates can be achieved only by creating enough slack in the economy so that prices cease rising as rapidly as expected. Dr. Otto Eckstein, a member of President Johnson's Council of Economic Advisors, calculated that it would take 8 percent unemployment for two full years to get the rate of price increases down to 4 percent a year. Recognizing that inflation is the number one problem, indications are that the government does plan to renew the prescription for a long period of time. The increased unemployment is substantiated by the fact that some 800,000 public service jobs are planned for unemployed workers.

The second reason the treatment has not substantially reduced the rate of inflation is that it was prescribed mainly to remedy the demand-pull aspect of inflation. Previous experiences with the

treatment have not shown it to be effective against the extraordinary events the the cost-push aspects of inflation. The recession does seem to provide evidence that the medicine has been effective in relieving demand-pull pressures in certain economic sectors. Recently

## *Two simultaneous diseases— inflation and recession.*

economic policymakers have added some new ingredients to the old medicine to try and reduce the cost-push aspect of inflation. The monitoring agency which President Ford established to watch for and announce to the public unusual price and wage increases was one of these ingredients.

The third reason inflation still exists even though the medicine has been applied is that the

policymakers must be especially careful about the strength of the dosage that is being administered. If the dosage to heal inflation becomes too strong, it could turn a small recession into a world-wide depression. Thus, economic policymakers must be very cautious in their dosage so that curing one disease does not lead to an even more serious one.

In conclusion, economic policymakers are working on the medicine to reduce inflation without causing a serious recession. The medicine will be unpleasant tasting in that consumers, businessmen, and governments will have to make sacrifices in order to keep prices and wages down. If the medicine is taken for a long enough period, the rate of inflation can be reduced and eventually cured. ☸



Dennis M. O'Toole, assistant professor of economics, is in demand as a speaker for his interpretative survey of the field of economics. Through his capacity as executive vice-president of the Virginia Council on Economic Education and through numerous publications, he has

brought a discernible economics to students, housewives, business leaders, and fellow professionals.

Dr. O'Toole earned his B.A. degree at the College of William and Mary, the M.S. at VCU, and the Ph.D. at Ohio University.



Over the Counter Drugs  
**Helpful or  
hazardous to  
consumers?**



By William H. Barr

**S**elf-medication with non-prescription drugs—or “Over the Counter” products as they are often called—has been a traditional part of therapy since the days of the traveling medicine man, snake oil, and patent medicines.

The self-medicating public spends in excess of \$1 billion each year for these “Over the Counter” (OTC) products. Over 1,000 different products are commonly available to treat conditions ranging from headaches to athlete’s foot and diaper rash to poison ivy. Madison Avenue has even created a few new symptoms to be treated such as “tired blood” and the “blahs.” The total number of OTC products on the market has been estimated to be from 100,000 to 500,000.

There is no doubt that many OTC products serve a useful purpose. It has been estimated that if these products were not available for symptomatic treatment of colds, allergy, and minor aches and pains, the nation’s health care system would be inundated by essentially well people seeking relief for minor, self-limiting conditions. Americans suffer cough and cold symptoms alone about 500 million times a year. The overall loss to the economy from these symptoms has been estimated to be about \$5 billion annually.

An understanding of current controls and present knowledge concerning OTC drugs is quite valuable to the consumer in obtaining the maximum benefits of these products.

There is now concern by several governmental, professional, and consumer groups that not all OTC products on the market are effective, safe, or properly advertised. Reform of several antiquated and illogical distinctions between prescription drugs and OTC drugs is needed. Prescription drugs are promoted only to the highly trained medical community. Manufacturers are required to submit evidence to the federal Food and Drug Administration (FDA) to prove efficacy and safety of these products. All ingredients and amounts must be clearly labeled.

Advertising claims are carefully monitored by the FDA. In contrast, OTC drugs which are selected by the less sophisticated laity for self-diagnosed ailments have generally been required to establish safety, but not necessarily effectiveness. OTC drugs marketed prior to the 1938 drug legislation were exempted from even showing evidence of safety. In 1962 when the Kefauver-Harris amendments were passed, these drugs were “grandfathered,” excusing them from proof of effectiveness and safety. The actual quantity of each active ingredient in the product has not been required to appear on the label of OTC products. Advertising claims are monitored retrospectively by the Federal Trade Commission which has a limited staff of medical and pharmaceutical experts. As a result, advertising claims for products and the actual effectiveness of the products have often been worlds apart.

In some cases manufacturers have added effective prescription drugs to their OTC products, but in order to assure that the safety requirements are met, the amounts added are below the therapeutic levels usually found in prescription drugs. Thus the product may not be effective when taken according to the labeled dosage schedule. Since the amounts of ingredients are considered a trade secret by some companies, even professionally trained persons are prevented from determining the value of these products. In 1967 the American Pharmaceutical Association initiated publication of an OTC handbook for pharmacists to aid them in advising their clientele on the rational selection of OTC drugs. Several manufacturers refused to give quantitative information on the ingredients used in their products.

Some proprietary manufacturers have vigorously defended the “patent medication” concept in which the trade name is purchased and not the ingredients. Many products have maintained the same trade name even though the type and amount of drugs have changed.

One marketed trade name product for pain originally contained a specific ingredient, salicylamide, in a therapeutically ineffective amount. The same trade name is now used for a tablet which contains aspirin and a liquid which contains a third specific drug, acetaminophen. The types of patients who may be allergic or susceptible to adverse effects are different for each of these drugs which bear the same trade name.

The extent to which some manufacturers have attempted to disguise the identity of the ingredients in their products is exemplified by trick phrases such as—“our product contains more of the pain reliever that doctors recommend most.” The ingredient is simply aspirin. Considering that the cost of prime-time television advertising is now about \$25 thousand for each 60-second spot, thousands of dollars have been spent for advertising time by using a vague phrase instead of a single unambiguous word such as aspirin. This is indicative of the dollar value that some advertising executives place on ambiguity. Obviously, to say a product has 20 per cent more aspirin when the product cost 200 percent more than standard aspirin products would not give a marketing advantage to a manufacturer.

The FDA has recently initiated a mammoth program to review the safety and efficacy of all OTC products. Twenty-five panels, each consisting of medical scientists, physicians, pharmacists, and representatives of manufacturers and consumer organizations, will review the world literature, manufacturers’ reports, and testimony of experts. They will then recommend products which should be removed from the OTC market and the labeling that each acceptable product must bear. This labeling will be extremely important to the consumer.

#### **High Risk Groups**

Some OTC products are quite safe for the general public but may be unsafe or even lethal to certain individuals. Susceptible individuals may often be grouped into “high risk categories” by certain

*Continued on Page 17*



1973-74  
**Annual Fund Report**



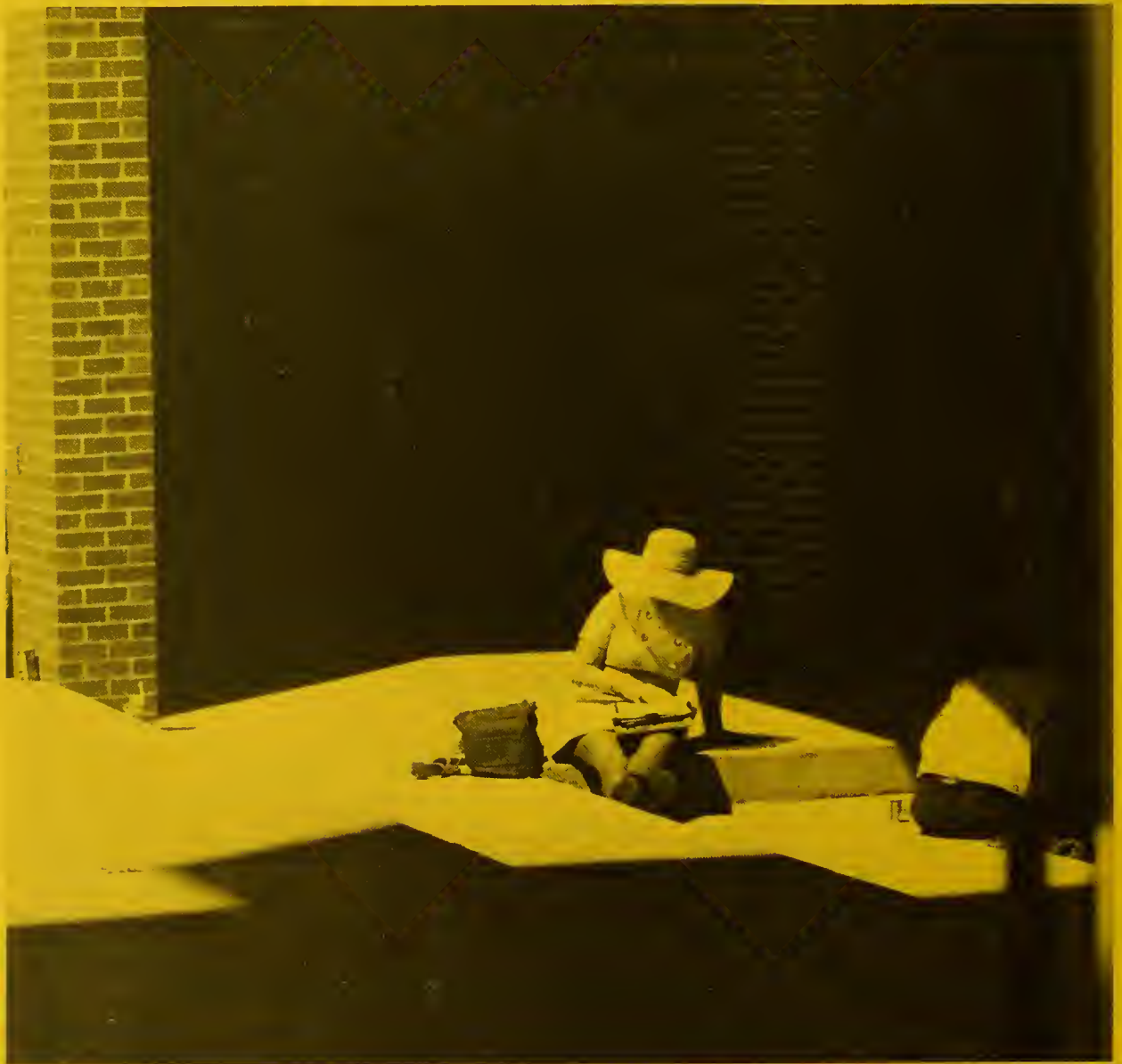
The financial support for Virginia Commonwealth University received through the Annual Fund has helped in a significant way to permit funding of special projects. Innovative educational projects, new programs, and ongoing activities have been supported by gifts to the 1973-74 Annual Fund.

As this report indicates, many individuals and groups have contributed financial support to the Virginia Commonwealth University Annual Fund. The administration, deans, and faculty of the university join in expressing gratitude to those who have elected to make a financial contribution to help achieve the educational goals of VCU.

During the inflationary months of the 1973-74

fund year, when great strains were placed on all available dollars, it has been gratifying to have the benefit of monies contributed by those who studied here, by those who work here, and by friends of the university. Often these dollars meant the difference between being good and being better or best.

Costs continued to spiral upward. At the same time, the need for new and innovative educational programs continues to accelerate. During the 1974-75 fund year, VCU will continue to experience greater needs from those who share concern for higher education in general and VCU in particular. There is a great confidence that increased support from loyal alumni and friends will help the university continue its progress toward its goals.



*Every effort has been made to insure the accuracy of the 1973-74 Annual Fund Report. If, through oversight or omission, errors occur, it would be greatly appreciated if they are brought to the attention of the fund office.*



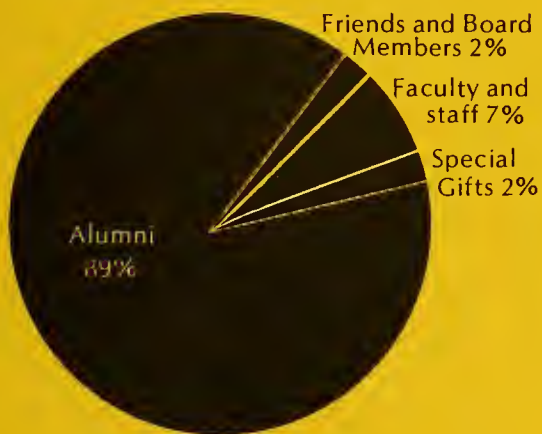
The VCU Annual Fund, 1973-74, exceeded the previous years fund by 50 percent. In addition to showing growth in the amount contributed, there was also a significant increase in the number of contributors.

Eighty-nine percent of the contributors to the Annual Fund were alumni—those who studied at the former Richmond Professional Institute, the Medical College of Virginia, or VCU. Alumni gifts amounted to 58 percent of the total contributed to the Annual Fund. Friends of the university and members of the Board of Visitors contributed 4 percent of the total and accounted for 2 percent of the contributors. Members of the university

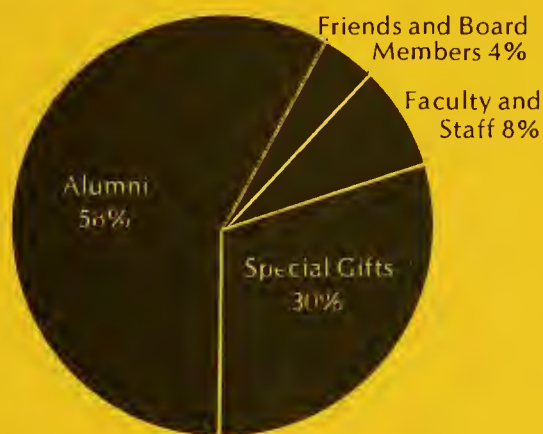
faculty, administration, and staff made up 7 percent of the contributors and contributed 8 percent of the total fund. Special gifts (which include contributions received from matching grant programs of alumni employers), contributions from groups, and certain corporate contributions, amounted to 30 percent of the fund.

The Annual Fund permits contributors to make an unrestricted gift to the university which is used in areas of greatest need, or to select an area of the university in which they have a special interest. The distribution of gifts among the schools of the university follows.

**Percentage of Contributors**



**Percentage of Total Contributed**



**Purposes Designated by Contributors to the Annual Fund**

Unrestricted	\$ 6,186.20	11.8%
Academic Division	60.00	.1%
Medical College of Virginia	1,100.00	2.1%
School of Allied Health		
Professions	2,749.50	5.2%
School of the Arts	1,001.00	1.9%
School of Arts and Sciences	2,926.50	5.6%
School of Basic Sciences	145.00	.3%
School of Business	2,184.50	4.2%
School of Community Services	241.00	.5%
School of Dentistry	6,752.11	12.8%
School of Education	446.00	.8%
School of Medicine	7,481.25	14.2%
School of Nursing	1,478.00	2.8%
School of Pharmacy	1,468.75	2.8%
School of Social Work	2,344.00	4.5%
Miscellaneous Purposes	16,049.96	30.5%
<b>Total</b>	<b>\$52,613.77</b>	<b>100.1%</b>

Those who contributed to the 1973-74 VCU Annual Fund are listed on pages 4 through 7. It is with sincere appreciation and gratitude that the support of these individuals, groups, and corporations is acknowledged.

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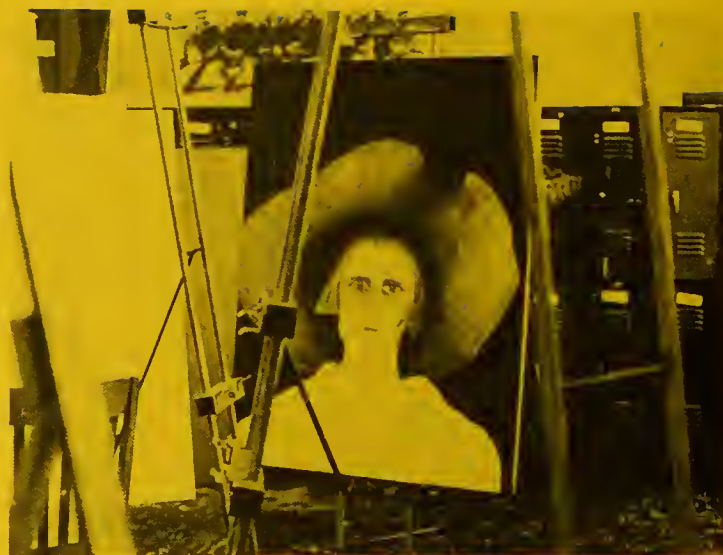
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- To increase understanding among people of all

racess and creeds of the distinctive nature of Judaic contributions in all areas of human accomplishment and humane concern.

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*Dr. William H. Barr is professor and chairman of the Department of Pharmacy and Pharmaceutics. He serves on the Food and Drug Administration OTC analgesic review panel and has contributed a chapter in the American Pharmaceutical Association Handbook on Non-Prescription Drugs. He appeared before Senator Gaylord Nelson's congressional hearings on OTC drugs in 1971. He also serves as chairman of the dosage form panel of the United States Pharmacopia.*

*Dr. Barr received his Doctor of Pharmacy (Pharm.D) and Ph.D. in pharmaceutical chemistry from the University of California at San Francisco and was associate professor at the State University of New York at Buffalo prior to joining the MCV/VCU School of Pharmacy in 1972.*

distinguishing characteristics. A person may be highly susceptible to the adverse effects of a particular drug but may use another drug in the same therapeutic class with relative safety. This can be appreciated by considering the pain relieving products (analgesics) which are the most widely used class of OTC drugs. Almost all of the 30 or so most commonly used products for pain contain one or more of only four different drugs. These are aspirin, acetaminophen, phenacetin, and salicylamide. Sometimes other agents, such as caffeine, are added but they contribute little if anything to the effectiveness of the product.

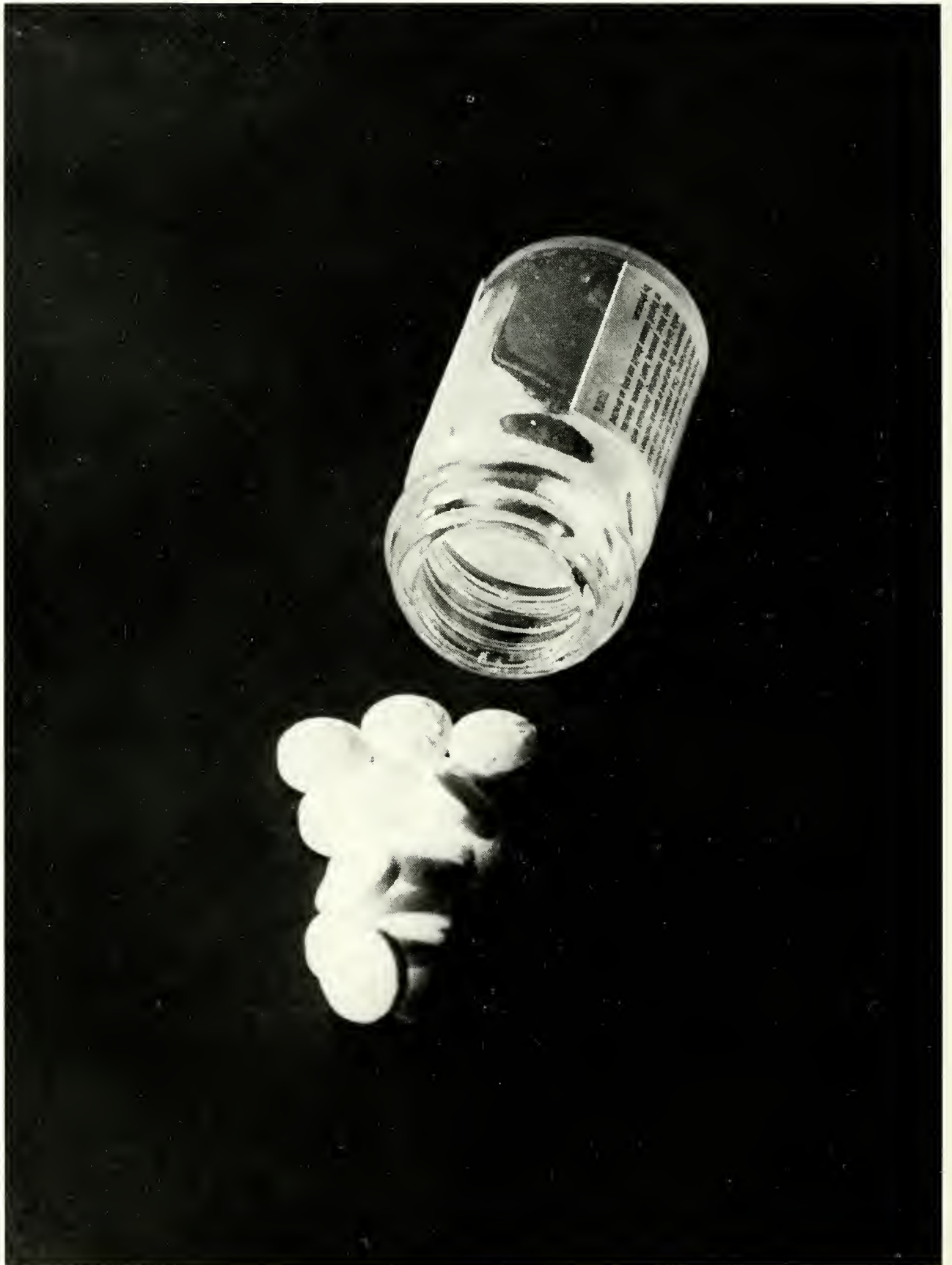
High risk groups include the very young, particularly infants who may receive drugs through ingestion by the mother prior to birth or during

breast feeding. It has been recently found that the blood clotting mechanism of newborns may be temporarily affected by only one or two aspirin tablets ingested by the mother one week prior to delivery. This may lead to internal bleeding in some infants, particularly in premature births. Phenacetin, a common ingredient in analgesic mixtures, can cause a different effect on the blood system of newborns. There is a difference between infants and adults in the types of hemoglobin, the oxygen carrying component, in the red blood cells. Infant hemoglobin is very susceptible to the effects of phenacetin which is reputed to have caused deaths in newborn infants

who have ingested only one or two tablets.

Acetaminophen, a third analgesic agent, does not appear to affect the blood system of infants seriously and is a safer drug if an analgesic is necessary during the late stages of pregnancy.

Some adults are allergic to aspirin. These are often individuals who develop asthma later in life. For some reason, these individuals frequently have nasal polyps, that is, bulb-like growths in the nose. The usual reactions are rash, hives, or an asthmatic attack with shortness of breath and wheezing. Some asthmatics may precipitate asthmatic attacks with aspirin without realizing it. Persons sensitive to aspirin should never use it. While rare, fatal asthmatic attacks have been reported





following ingestion of one or two tablets. Acetaminophen or salicylic acid salts (but not acetylsalicylic acid which is aspirin) can often be used safely by persons allergic to aspirin.

Persons with ulcers or a tendency to gastric bleeding should not use aspirin. It may contribute to massive gastrointestinal bleeding in these susceptible individuals. Aspirin should not be used by persons taking certain prescription drugs. A particularly dangerous combination is aspirin and prescription anticoagulant drugs which may lead to serious bleeding problems.

Use of aspirin with some prescription drugs may prevent the prescription drug from exerting its intended therapeutic effect. This may occur, for example, with combinations of aspirin and some drugs used in the treatment of gout or water retention.

Many drugs interfere with laboratory tests necessary for the diagnosis of certain diseases. For example, aspirin does not affect thyroid function but may interfere with the tests to determine abnormal thyroid function and its use prior to the test may lead to an incorrect diagnosis.

The above examples might scare a reasonable person from ever taking aspirin. They are not intended to do this, for aspirin is undoubtedly one of the most effective and useful agents available when used properly. However, for those few people who are in the high risk category—probably less than 5 percent of the total population—aspirin should not be taken except on the advice and care of a physician.

High risk categories can be cited for many other drug classes. Persons with hypertension and glaucoma must avoid some types of cough and cold preparations. Patients with diabetes must be careful with syrups and some topical products.

It is extremely important for the consumer to be aware of the ingredients in the OTC drugs he might use and how these may interact with allergies, disease conditions, or prescription drugs of the potential user. Before using any OTC product the consumer should make sure that he or she is not in one of the high risk groups in which

use of the product might be hazardous. All persons with serious diseases should read the labels of OTC products very carefully before using them. These persons should ask their physician for a list of OTC drugs which they should not use.

#### **Use of the Pharmacist for Advice on OTC Drugs**

It is surprising how infrequently people make use of their pharmacist who is the most accessible source of free, unbiased, and knowledgeable advice on the rational selection of OTC drugs. Perhaps few people realize the extensive training the pharmacist has received which makes him extremely qualified to provide this service. The five year pharmacy program, which is the minimum in all states, includes an extensive background in the chemistry and actions of drugs and courses in physiology and disease states. Many schools such as MCV/VCU School of Pharmacy offer special courses in OTC drugs. In the course at MCV/VCU the students work independently in study groups to find and develop information on OTC drugs which will be useful to them as practitioners.

Also, perhaps few people realize that most pharmacists consider advice to their patrons on the OTC drugs as an extremely important and serious professional responsibility and will provide this service at no cost to the consumer. Even though the pharmacist may seem busy in the prescription area, a request to the clerk for the advice of the pharmacist will usually bring a prompt response. Most pharmacies have now initiated special patient medication record systems which would allow the pharmacist to check OTC drug purchases against prescription records of the family to determine if incompatibilities exist.

Based upon current knowledge and the present activities of professional and governmental groups, the following guidelines should be useful to the consumer in the rational selection and use of OTC drugs.

#### **Guidelines for Safe and Effective Use of OTC Drugs**

##### **1. READ ALL LABELING**

Read the label carefully before

buying and using any OTC drug. Particular attention should be given to indications, warnings, cautions, and dosage for particular age groups. Products which do not list the quantities of ingredients cannot be evaluated for effectiveness or relative cost.

##### **2. USE SERVICES OF YOUR PHARMACIST**

Consult your pharmacist if you are not absolutely clear about the relative merit, proper use, or labeling of a particular product. A pharmacist should be selected who is accessible for consultation and will keep a family medication record for you. He should check these records to assure that the OTC product will not interact with prescription drugs your family is currently taking and that predisposing allergies or susceptibilities do not exist. He should enter the OTC product on your medication record so that he can check for future incompatibilities and prevent duplication of products for the same purpose.

##### **3. USE OTC DRUGS ONLY UNDER THE SUPERVISION OF YOUR PHYSICIAN IF YOU ARE IN A HIGH RISK CATEGORY**

Do not use any OTC product without supervision of your physician if you have serious illnesses, are taking prescription drugs, or are planning to have diagnostic medical tests made in the near future. Pregnant and breast feeding women should use drugs as infrequently as possible and only on medical advice. The very young and old are particularly susceptible to overdosing. OTC drugs are usually intended for short term or occasional use. Prolonged use may lead to an increased potential for side effects and requires supervision of a physician.

##### **4. KEEP ALL DRUGS OUT OF REACH OF CHILDREN**

All drugs are potentially hazardous to children. Safety tops, now available on most OTC and prescription drugs, should always be replaced. Locked cabinets, placed in an area inaccessible to children, are a wise investment. ☸

Full moons and  
higher education  
**A community  
of interest**





**A** drive through the campuses of many universities after the evening's rush to the student cafeterias has dispersed and after the meetings of the few active student clubs have been dismissed will find only the stilled quiet of an institution geared primarily to the daylight hours—a concert hall between performances, a football field in off-season.

Yet, on VCU's Academic Campus, the school "day" begins at night for some 5,471 Evening College students.

Of this number, 53.1 percent were holders of at least one baccalaureate degree, thus dispelling the old stereotype of the disadvantaged evening student. Part-time, yes; sometimes indecisive as to what academic program to enter, yes; older than the "normal" college student (27.4 years), yes; disadvantaged, no. Whether they were college graduates making up deficiencies required to enter a graduate program, employees of business or industry seeking specific competencies, or simply individuals trying to freshen and renew their formal education, the students-for-a-night came.

They came from the area around the university's Fan District campus; from Richmond's east, west, north, and south; from Henrico County; from Petersburg, Mechanicsville, and Bon Air—a duke's mixture of socioeconomic representation from the "upper poor" to the "up and coming but not there yet" to those who had indeed arrived "there."

So finds Rozanne Garrett Epps, assistant dean of the Evening College, in her 342-page *Community of Interest, An Analysis of the Virginia Commonwealth University Evening College*. Tracing the 9,808-student-strong college (the 5,471 evening students plus some 4,337 students also attending the day program) back to its integrated beginnings as a part of the financially poor Richmond Professional Institute, Mrs. Epps attributes the night program's creation to both "poverty and intention." Through such a vehicle, RPI admitted adults to this "community and comprehensive

college," gave them the same credits earned as full-time students, taught them by using both regular and adjunct faculty, and geared class schedules to meet the needs of this working constituency.

Even from RPI's first year (1918-19) there were, in addition to the 12 full-time students, some 50 auditors or "extension" students. A few years later, in 1925, RPI boasted 52 full-time and 393 evening students. Even then, a theme of flexibility to the public's demand for courses (as well as a real and continuing concern for financial solvency) flowed through the missionary veins of the Evening College. Often upon the first class meeting, RPI Director, Dr. Henry H. Hibbs, would personally conduct registration to determine if sufficient tuition money was available to justify a particular class's existence. Presumably through some internal and external marketing, most of those classes were held for a then-following of the un-young, part-time students. Gradually, class offerings expanded to attract the younger full-timers.

Today, the configuration of influencing factors affecting the Evening College of Virginia Commonwealth University and its ever changing role is clear and clearly challenging: competition from neighboring institutions, some students' fear for personal safety, inconvenience of parking, crowded classrooms, and proposed voucher laws giving aid to students (full-time students) rather than direct grants to the institution. Yet, in the fall semester of 1973, VCU's Evening College offered over 750 sections of classes to its 9,808 individuals, coordinated the efforts of 255 regular faculty and 238 adjunct faculty members, and coordinated classes in which 14,463 student seats were occupied by a combination of day and evening student registrants.

The reaction of 3,083 Evening College enrollees (1,546 day students and 1,537 night students) to their experience was sought by Mrs. Epps via a questionnaire administered by the class instructors.

Generally, the evening student, if admitted to a degree program, is

*Over half of the night students already have a bachelor's degree.*



*From its inception, the Evening College geared its classes to meet the needs of the working community.*



*Each semester over 750 class sessions are offered through the administration of the Evening College.*

either in the School of Education or Business; if not admitted into a program, takes courses in the School of Business. The day student, however, finds himself more often in the School of Arts and Sciences.

While day students are generally between 19 and 21 years of age, the night students fall into the 25 to 29 bracket. Females outnumber males in both programs by approximately 5 percent; the evening student is more often married than is the day student. Evening students are more apt to be Afro-American than are day students.

The surveyor found that evening students have very pragmatic reasons for attending VCU's Evening College and sought to determine their interpretation of their experiences while there.

When asked if they were getting their money's worth in the Evening College, some 86.1 percent indicated either agreement or strong agreement. Some 75.2 percent seemed to witness "enough" personal attention from the faculty, while 2.7 percent had more than they wanted, and 9.4 had less.

The day student taking classes

in the evening found (77 percent) the comparative difficulty of day versus night classes to be the same; 13.8 percent found them harder; 9.2 percent, easier.

But the mix of old and young in the after-hours classes continues to be, in the eyes of the Evening College staff, "a good mix," for expressed here subjectively is a feeling of community between the age groups "and perhaps an enhancement of the educational experience," Mrs. Epps notes. Thus, question 22 of the day





*If working on a degree program, many Evening College students are enrolled in either the Schools of Business or Education.*

students' questionnaire offered the respondents with an array of possible effects of the "college-of-ages." Some 34.5 percent of those surveyed indicated that this mixing bowl of backgrounds and age helped them understand the other person's point of view, while another 26.2 percent found something of the "real world" brought into their classrooms. Thus, some form of vindication is provided the Evening College staff, as well as for Dr. Hibbs who encouraged such a community composite in 1925.

Likewise, the "elders" found themselves to be in agreement with the youngsters (22.5 percent), understanding of the younger person's point-of-view (17.7 percent), and being kept up-to-date (16.2 percent). In a class-composition-preference question, both evening and day students joined together in tactful reassurance that "the mix" was for the best (77.4 and 86.1 percent, respectively).

Mrs. Epps believes that, though only approximately one-third of the Evening College students are 30



*In addition to the 5,471 people enrolled in the Evening College, there are some 4,337 day students taking courses at night.*

years-of-age or older, the number "surely provides a good leaven in the classes. The effect on the younger student of having a class with fellow learners whose greater experience has led them to value what they are learning *has* to be good."

If both age sectors of the night classes are statistically satisfied with the vehicle for their higher learning, then what thinks that other ingredient of a successful educational experience, the faculty?

Of the 255 full-time faculty



*Many after-hours students indicate that a "mixing bowl" of ages and backgrounds brings an element of the "real" world into the classroom.*



*Business leaders, housewives, college sophomores—they all meet in VCU's citadel of educational flexibility, the Evening College.*

teaching within the administrative jurisdiction of the Evening College, the majority seemed to view the college's function as one faculty member put it: "I see its (the Evening College's) present function as administrative planning and control with emphasis on facilitation, support, and coordination of administrative (as opposed to academic) matters. It should remain the same."

The part-time faculty members tend to use words and phrases like "flexibility," "provision of education

for working people," "a link to the community," and "chance for full-time students to interact with working people" to describe their experience in the after-hours classes. In addition, the magnified flexibility of scheduling offered the full-time student was seen as an asset by most faculty members.

Others commend the Evening College for its "breaking down the ivory tower educational concept." Still others profess to only sketchy understanding of a "town-gown" syndrome.

If students and faculty generally endorse the concept, does it really matter then that the night becomes day and the moon is the sun? ☸



## DID YOU KNOW...



*Examining special citation certificates won by the VCU Magazine through the American Alumni Council's national publications competition are, from left: James L. Dunn, director of alumni activities; Dr. M. Pinson Neal, Jr., provost of the MCV Campus; T. Edward Temple, vice-president for development and university relations and chairman of the university interim administrative committee; Dr. Francis J. Brooke, provost of the Academic Campus; David R. Mathis, editor of the VCU Magazine. The competition was sponsored by Time/Life with judging by editors and staff of Time.*



George B. Roycroft

## MAGAZINE CHANGES EDITOR

George B. Roycroft has accepted the position of editor of the *VCU Magazine*. He will assume his new duties with the editing of the February '75 issue. The magazine's present editor, David R. Mathis, who joined the university staff in 1971 and began the magazine, has been named manager of university publications.

Roycroft has worked with college level publications for six years, winning many awards for his accomplishments in writing, editing, design, and photography. Among them are first place in the 1973 American College Public Relations Total Publications Program Awards and the 1973 Alumni Council's "Publication of Distinction" award, one of 25 in the nation.

A native of Durham, North Carolina, Roycroft, 30, earned a B.A. degree in English from High Point College, High Point, North Carolina, and received additional training in photography at the University of North Carolina at Greensboro. He began his career as a news re-

porter for station WGHP-TV in High Point.

In 1968 he became director of information services and publications at Guilford College in Greensboro. While there, he operated the college news bureau; edited, produced, and coordinated all college publications; and established a unified graphic image. His publications received more than 20 awards for improvement and excellence from various organizations.

Roycroft comes to VCU from the University of Richmond where as the first full-time director of publications he edited the quarterly alumni magazine and was responsible for the design, production, and coordination of all university publications.

## MARIJUANA: FRIEND OR FOE?

Research on marijuana has, in recent weeks, revealed use of the drug as having possible beneficial effects in combating cancer, preventing organ transplant rejection, treating narcotic addiction, and serving as an anti-depressant for cancer patients.

The active agent in marijuana was seen by MCV/VCU pharmacologists as slowing the growth of a solid lung tumor, a mammary tumor, and a virus-induced leukemia in mice. Dr. Louis S. Harris, chairman of pharmacology, discussed the results in a recent edition of *Science*, a journal of the American Association for the Advancement of Science.

The same active molecule has demonstrated a potential as an immunosuppressive drug of the type used to reduce the body's rejection of transplanted organs, reports Dr. Harris.

According to *Newsweek* (September 2, 1974), preliminary research at another leading medical center suggested that marijuana smoking lowered the body's resistance to disease by slowing immune



Marijuana, now believed something of a multipurpose medicine.

responses. The MCV/VCU pharmacologists began experimenting last March as a result of that report with the thought that the drug's active ingredient could be useful in blocking rejection of transplanted organs. During their work, they found it to be an antitumor agent.

Unlike other drugs currently in use, the marijuana agent is non-toxic.

Dr. Harris said that the discovery is significant because it "may open up an important new research area of the type that occurs very rarely" with implications of the discovery being so far reaching that years of research may be generated.

In other findings in the Department of Pharmacology, new synthetic compounds chemically resembling the constituents of marijuana have been shown to have a potential use as therapeutic agents in the treatment of narcotic addiction. According to Dr. William L. Dewey and Dr. Harris, many of the 200 experimental compounds patterned after, but distinctly different from, the active agents in marijuana are narcotic antagonists, a type of drug which has the ability to



block the action of narcotics.

They also mentioned that these compounds have potential use as pain relieving and tranquilizing agents.

Experimentation has been conducted over an 18-month period using rats and mice in a number of trial techniques. The compounds were found to reduce the ability of morphine to block pain in mice and to reduce the development of physical dependence on morphine in rats.

Dr. Dewey said that even a low dose of the synthetic compounds produced a long duration of the narcotic antagonist effect—up to seven days in mice—a characteristic of the drugs which he said makes them potentially useful for control of human addiction.

Stemming from research directed by Dr. William Regelson, chairman of the Department of Medical Oncology, is evidence that marijuana's primary agent serves as an anti-depressant for cancer patients.

Dr. Regelson said that the drug helped some 54 MCV Hospital cancer patients adjust to their disease and in many cases changed the mood of the patient from despondency and lethargy to one of greater emotional stability. "What we're seeking to do is relieve the despondency, loss of appetite, and nausea which accompanies cancer and alters the patient's quality of life due to depression," he said, explaining that the usual anti-depressants do not work for cancer patients.

None of the patients receiving treatment reported experiencing a "high" from the use of the drug. According to Dr. Regelson, each dose was approximately the same as delivered by smoking one joint of marijuana. The patients received the drug in its pure form by capsule three times daily.

He said that some patients experienced side effects of dizziness or concern over sanity. When that occurred and the patient

still wished to remain under the treatment, the dosage was reduced by one-half.

Those selected for the research were in advanced stages of cancer—and were undergoing chemotherapy. Thirty-four of the original 54 patients finished the project, and a few of the patients have remained on the therapy for longer than six months.

## **BURLINGTON'S NEW LOOK A'LA VCU DESIGNERS**

When officials from Burlington Industries Inc. decided to get their New York fabric house in order, they turned down remodeling designs submitted by New York professionals, and instead are now incorporating designs proposed by VCU interior design students.

Fifteen teams of sophomore and senior interior design students from VCU traveled to New York last spring to survey Burlington's needs and got a reading on modern consumer demands. Before drawing up their design proposals, the students interviewed Burlington sales representatives and top officials.

The resulting designs reflected new marketing techniques, not just a new look. Instead of preserving the Burlington showrooms as large galleries, with bedspreads and draperies lining the walls, the VCU students suggested a series of showroom modules that would create a maze effect. According to Jerry J. Field, associate professor of interior design, this maze effect will permit the clients to view each line of bedspread and drapery in sequence, rather than be overwhelmed with the task of judging an entire showroom of fabrics at one glance.

"The bedspread showroom was too open and uninteresting as it was," student Frances Finch told VCU information officer Toni Radler. "So, our team chose to partition the space to allow only one bed to be visible at a time, to create interest

and mystery as to what is around the next corner. We also wanted to create interest by changing the floor levels."

Special custom devices were designed by many of the students to give the showroom interest and excitement as well as practicality. Two students, Patricia Gooch McClaugherty of Pembroke and Diane James of Petersburg, decided that double use of space could be gotten by using a revolving floor that would rotate another bedroom setting into view. Other groups custom-designed easels out of plexiglass for the display of drapery samples and still others designed large sample cases on wheels that could be rolled into another space for temporary showrooms at peak market times.

The students also chose contemporary furnishings rather than traditional furnishings for the maze modules to increase marketing appeal.

Roger Baugh (interior design '69), the director of home fashions for Burlington Industries Inc., explained the rationale in accepting student designs over those proposed by professionals.

"We didn't want just a redecorating job," Baugh noted. "And that's what the professionals gave us. We really wanted a new marketing idea. We wanted designs that the customers could take back to their showrooms, and we wanted designs that would promote our own sales."

"We invited the VCU students here hoping to get much more innovative ideas than those submitted by New York designers. Since they were not professionals out in the field, we felt that they could look at the project with fresh eyes," Baugh explained.

Another VCU teacher involved in the project, Mrs. Dorothy M. Hardy (interior design, '56, '74), noted that the students took an active part in effecting change at Burlington. "This was not just a design change, but it represented a change in

sales philosophy. There had been some controversy over the contemporary look versus the traditional look in sales, and VCU students were able to convince Burlington that a contemporary innovative maze design would be a good marketing technique," she explained.

### DENTAL MEMORIAL TO MUIR

Dr. Norborne F. Muir (dentistry '18) has bequeathed funds in his will to establish a named professorship in the MCV/VCU School of Dentistry.

There is also direction in the will establishing two annual lectureships in the dentistry school—one to be named the Eugenia Fuqua Muir Lecture, as a memorial to Dr. Muir's mother, and the other to be named for Dr. Muir.

The will provides that after cash bequests of about \$100,000 are distributed, income from the balance of his \$1.7 million estate will be divided equally among the MCV Foundation for support of the Norborne F. Muir Chair of Orthodontics, First Baptist Church of Roanoke, and Roanoke College.

Dr. John A. DiBiaggio, dean of dentistry, expressed the school's appreciation and indicated that an occupant for the newly created chair would be named in the near future.

Dr. Muir opened his office in Roanoke in 1919 and continued his orthodontics practice until his death (January 13, 1974) at the age of 82. He served as president of the Roanoke, Piedmont, and Virginia State Dental Societies.

### OF THEORIES AND GRAPHS, ECONOMISTS CONVENE

VCU hosted some 400 economists from the United States, Canada, Latin America, and Europe in Richmond during early fall for the Atlantic Economic Conference.

The keynote speaker of the conference



*They came in record numbers for the fall '74 semester. Total student count is 17,410 for the entire university with 15,060 on the Academic Campus and 2,350 on the MCV Campus. Fall '73 enrollment was 17,035.*

was Dr. Joseph Spengler, past president of the American Economic Association. Dr. Spengler took a look at the economist versus politician, legislator, and bureaucrat.

During the two day conference, more than 100 papers were presented and discussed by nationally and internationally known economists, according to the president of the Atlantic Economic Society, Dr. John M. Virgo, assistant professor of economics at VCU. Topics under discussion included the Sunday Blue Laws, the energy crisis, macroeconomics, statistics, public finance, international finance, industrial organization, agricultural economics, manpower training and

allocation, business finance, economic history, managerial economics, urban and regional economics, transportation economics, economic theory, economic thought, monetary and fiscal theory, gasoline and the energy crisis, human capital, the economics of education, economics of health, and the economics of discrimination.

The first Atlantic Economic Conference was organized last year by Dr. Virgo in an attempt to bring together economists and business professors from the Atlantic region. The 1973 Atlantic Economic Conference gave birth to the *Atlantic Economic Journal* which, according to Dr. Virgo, has members and subscribers in ten countries.



## CEREMONY OF GROWTH

Two major additions to the physical plant on the MCV Campus have been completed and are now occupied. A ceremony was held in October to open the third and final phase of Sanger Hall and the addition to Tompkins-McCaw Library.

The new 12-story wing of Sanger Hall contains primarily classroom, laboratory, and office space for the Schools of Medicine and Basic Sciences. This \$9.5 million addition has made possible increased enrollments at MCV and has increased facilities for medical and medical related research.

An addition and renovations to Tompkins-McCaw Library complement the expanded enrollments. Floor space was increased by 53,544 square feet. More volumes can now be acquired. A computer terminal gives prompt access to a widened spectrum of medical literature. Total cost of all library improvements was \$2,226,769.

## ACCURACY OUR POLICY

In the August 1974 edition of this magazine, we stated in the article on the Psychological Services Center: "In this technician program headed by Dr. William S. Ray, chairman of the Department of Psychology . . ." Well, Dr. Ray is chairman of the psychology department, but Dr. W. Robert Nay heads the technician program. Our apologies.

## VCU RAMS IN CAPSULE ANOTHER WINNING SEASON?

Three starters and five lettermen are gone from the team that won 17 games—and concluded play with a 12-game winning skein—in VCU's initial year of major college competition. So what are the Ram prospects for '74-75?

"I'm optimistic about the forthcoming

season," says head coach Chuck Noe, who will be beginning his fifth year as Ram mentor. "True, we've lost some outstanding individuals (including All-America Jesse Dark and center Bernard Harris), and certainly we will miss them. But we do have speed, quickness, and better than average shooting, plus some very fine new talent to join our returning veterans."

While the absence of the 6-10 Harris will definitely be felt up front, Jimm Bisset, sports information officer, suggests that Noe still has experience in forwards Richard Jones (captain) and Tom Motley. Jones, a senior and a starter since his freshman year, should be in for a solid

campaign after averaging 13 points and eight rebounds as a junior. Motley was a starter as a sophomore.

In the backcourt, Reggie Cain returns for his final season after being redshirted last year. His running mate will probably be Keith Highsmith, a transfer from Palm Beach Junior College where he was All-America.

The fifth starter? It could be sophomore Tim Binns, junior Jimmy Jones, sophomore Edd Tatum, sophomore Morris Fultz, or any of the newcomers.

One thing is for sure, however. The winning streak should give the Rams momentum going into the season opener at Iowa.

## VIRGINIA COMMONWEALTH UNIVERSITY BASKETBALL SCHEDULE 1974-75

DATE	SCHOOL
Nov. 30	Iowa
Dec. 2	Wilmington*
5	Harden-Simmon**
7	Baylor University
9	Harden-Simmon
10	Texas A&M
17	Centenary**
19	Northeastern Louisiana*
21	Buffalo University**
	CHRISTMAS TOURNAMENT**
29	Texas A&M vs. Fairfield
30	VCU vs. St. Peter's
Jan. 11	Maine
15	Maryland Eastern Shore**
21	St. Mary's College*
25	Western Illinois University*
27	Centenary
Feb. 8	Mercer University**
11	Delaware State*
15	Elmira College*
17	Maryland Eastern Shore
22	Mercer University
24	Canisius University**
28	Detroit University**
March 3	Auburn University

\* Franklin Street Gym

\*\* Richmond Coliseum

# ALUMNI ASSOCIATIONS

## NURSING

I am not a particularly good letter writer. Perhaps that is why I'm getting very few answers from you folks.

Since I last wrote, plans for the lectureship have been well under way. Linda Pearson ('70), chairman of the Lectureship Committee, has everything under control with Nettie Morris ('71) planning the reception and Angie Davis ('71) managing the publicity. Of course, Ellen Manson ('67), first vice-president, has planned an alumni luncheon to be held at the Richmond Academy of Medicine before the lectureship. Should be a great day for everyone! I'm so glad I can be there; hope the same for you.

A cash-bar reception has been planned for MCV alumni during the Virginia Nurses Association convention. It will be held on October 28, 6 to 7 p.m., in the south room of the Marriott-Twin Bridges Motel. Hope to see a lot of you folks there, especially those of you from northern Virginia.

I think I mentioned that Jim Dunn is working on the plans for an alumni event at the National League of Nursing convention in New Orleans. When those plans are more concrete, I'll let you know.

A letter from Bob Acuff ('74); he is presently "serving time" in San Antonio and will soon be sent off to Fort Lewis, Washington. Mat will be teaching while Bob finishes his duty in the service.

Mickey "Pat" Tynan Weitson ('70) writes that they are in New Orleans. Howard ('70) teaches at the local university, and she is tutoring for the state board. They have two children and hope to return to Virginia soon.

News has it that Richard Shomo ('73) has up and married a young nurse from Kilmarnock. We wish you both happiness.

Mary Anne Rea ('72) has married and now lives in Washington, D.C. Great news, Mary Anne!

Warren ('73) and Becky ('73) C. Clark came for a visit recently. Warren continues to do very well in his master's program at Rutgers University. Becky is teaching medical-surgical nursing in an associate degree program. Both seem so happy that I felt better just seeing them (I had the flu for their visit!).

Anna Mae Fowler

## SCHOOL OF SOCIAL WORK

The School of Social Work alumni board held its first open meeting of the year September 30, 1974. The program centered around service delivery systems. The guest speaker was Earl H. McClenney, Jr., associate director of the human affairs section of the Division of State Planning and Community Affairs.

Future open meetings are scheduled for January and April of 1975. The April meeting will be at the annual VCSW Conference to be held in Norfolk.

We need volunteers from the Norfolk area to help us plan the program and alumni dinner. Anyone interested in helping with this please contact Wilda Ferguson at 804-649-5559.

Linda Anne Absher

## HOSPITAL ADMINISTRATION

Many members of our association met recently at the Homestead in Hot Springs, Virginia, for the Virginia Hospital Association conference. In addition to several representatives from the university, Dr. Wyndham B. Blanton, Jr., Rector of the Board of Visitors, was present. Included in the program was an alumni breakfast.

Plans are under way for the third annual Charles P. Cardwell, Jr., Lecture which is sponsored by this association during the meeting of the Annual Congress of the College of Hospital Administrators. The Congress meets in February in Chicago.

Officers for the new year include: William H. Green, Jr. ('61), president; Thomas G. Whedbee ('60), president-elect; Lester L. Lamb ('58), secretary; and Edward A. Smith ('64), treasurer. Immediate past-president is L. Amos Tinnell ('66).

The executive committee is composed of the following: Uldis Birzenieks ('70), Alan B. Heilig ('66), Bartholomew D. Myles ('72), and Charles J. Sweat ('63).

William H. Green, Jr.

## VCU (ACADEMIC DIVISION)

The Academic Division Alumni Association has endeavored to continue its commitment to serve the university. Throughout the summer and fall months the association has sought opportunities to provide information to individual alumni and to develop programs of interest to those who studied in the six schools of VCU's Academic Campus.

At the same time, we have sought opportunities to interact with other associations of those who studied at the university. We believe through a united alumni effort, working together, we can more effectively serve the university, thereby strengthening parts of VCU to which our associations relate.

There are many responsibilities alumni assume on behalf of the university. Perhaps the greatest among these is membership on the Presidential Search Assistance Committee. Alumni are represented on that committee by two members. The Rector of the Board of Visitors, Dr. Wyndham B. Blanton, Jr., appointed Dr. O. T. Graham and me to that committee. We have met with the Board of Visitors, and I applaud their true desire to obtain input into this important decision from all segments of the university community—including alumni.

An afternoon of meetings has also been held with alumni board members discussing the university, its divisions, and the role of the president's office. All alumni associations were represented at that meeting.

Your comments and thoughts are always welcome.

Charles B. McFee, Jr.



# WHATEVER HAPPENED TO...

'41

**W. Roy Smith** (pharmacy '41) has been named to the Virginia State Council of Higher Education. Smith retired last year from the General Assembly after serving as Petersburg's delegate for 21 years. He is vice-president for Product Planning and Development at A. H. Robins Company of Richmond.

'42

**Harriett M. Stokes** (art '42), noted impressionist artist and board member of the Roanoke Fine Arts Center, was featured in the *Roanoke Times* art section. The resident of Salem, VA., is also a part-time teacher in Roanoke elementary schools.

'45

**Ethel K. Moore** (art history '45), author, art historian, and former art teacher, has been named curator of the Georgia Museum of Art at the University of Georgia in Athens. She is a native of Nashville, TN.

'46

**Cordelia Myers** (occupational therapy '46) is retiring as editor of the *American Journal of Occupational Therapy* after serving since 1968. Her home is in Washington, D.C.

'47

**Margaret M. Watlington** (physical therapy '47), of Oklahoma City, represented VCU at the inauguration of Dr. J. Terry Johnson as president of Oklahoma Christian College.

'48

**Robert W. Irwin, Jr.** (medicine '48) is the newly appointed director of the Department of Obstetrics and Gynecology at Roanoke Memorial Hospitals. Dr. Irwin is also an associate professor OB-GYN at the University of Virginia medical school.

'50

**L. Ellis Walton, Jr.** (business administration '50) is employed as a vice-president with the EnviroPact Division of USC, Inc., in Falls Church, VA.

'51

**James M. Christian** (pharmacy '51) is the new owner of the Viaud School near downtown Roanoke. A Roanoke pharmacist, Dr. Christian will be president of the school.

'52

**John A. Murray** (medicine '52) has been elected mayor of Franklin, VA. Murray has been in medical practice in Franklin since 1953.

**William R. Reid** (hospital administration '52) was guest speaker at a meeting of the Lynchburg Rotary Club. Reid is administrator of Community Hospital of Roanoke Valley.

'54

**Daniel M. Myers** (pharmacy '54) has been named Pharmacist-of-the-Year for 1974 by the Virginia Pharmaceutical Association. Myers lives in Danville.

'55

**W. Edward Anderson** (medicine '55) has been named director, clinical research, for Knoll Pharmaceutical Company of Whippany, NJ.

**Harvey B. Morgan** (pharmacy '55) has been elected first vice-president and president-elect of the Virginia Pharmaceutical Association. He practices pharmacy with his father and brother in Gloucester.

'57

**Margaret D. Foley** (social welfare '57), acting director of the Richmond Department of Mental Health and Mental Retardation since August 1973, has been named director.

**Edward H. Peebles, Jr.** (health/physical education '57) has donated a large collection of books, magazines, and newspapers to VCU's James Branch Cabell Library. He is currently an assistant professor of preventive medicine (medical sociology) at VCU.

**Ann R. Yankovich** (nursing '57) has been named as the Williamsburg public school system's first health services coordinator.

'58

**Charles C. Boardman** (business education '58), associate professor of business education, Georgia State University, has been appointed associate director of the Center for Business and Economic Education at that university.

**Brownie E. Polly, Jr.** (dentistry '58), dentist in Big Stone Gap, VA., has been appointed to the Clinch Valley College advisory committee.

'59

**Robert G. Sanderson** (fashion illustration '59) has accepted the position of creative director of Rich's Richway Division in Atlanta.

'61

**Walter M. Hathaway** (art education '61), director of the Roanoke Fine Arts Center, made his local debut at the Mill Mountain Playhouse as he appeared in "Promises, Promises".

**David Franklin Osborne** (rehabilitation counseling '61) has been advanced to the rank of associate professor at Montgomery College in Rockville, M.D.

'62

**Page H. Allen** (retailing '62), of Asheville, NC, represented VCU at the inauguration of Harold Frank Robinson as chancellor of Western Carolina University on October 26, 1974.

**Jerry M. Wood** (pharmacy '62) has been elected secretary of the Virginia Pharmaceutical Association. Wood practices in Warrenton.

'63

**Richard C. Duff** (advertising '63) has been named assistant principal and director of the Bath County Vocational Training Center at Bath County (VA.) High School.

**Marshall E. Murdaugh** (drama '63) commissioner of the Virginia State Travel Service, was awarded a U.S. Department of Commerce Certificate of Appreciation. Murdaugh was cited for outstanding contributions to the promotion of the VISIT USA program and in the development of a closer working relationship with the travel industries of foreign countries.

'64

**John E. Gehman** (medicine '64), who had a private practice in Brookneal, VA. for nine years, has started a new practice at the Red Bank Clinic in Stuart, Va.

**George R. Sharwell** (M.S. social work '64) has been named a member of a panel which will review juvenile justice standards, a project of the National Association of Social Workers. He presently is a member of the University of South Carolina faculty.

'65

**William C. Jennings** (pharmacy '65) is one of four pharmacists selected from a list of international applicants who is studying hospital pharmacy at the MCV Hospitals of VCU. In addition, he is completing requirements to obtain a master's degree in pharmacy.

**Ronald E. Lewis** (business management '65) has been promoted to assistant vice-president of Central National Bank, Richmond.

'66

**Ronald C. Taylor** (sociology '66), formerly director of the office of safety and security at Carnegie-Mellon University in Pittsburgh, PA., has been named director of security at VCU.

**Rudy Shackelford** (composition and organ '66), noted composer and poet, recently attended the premiere performance of his "String Quartet" at Pennsylvania State University. Dr. Shackelford's new work highlighted the

opening concert of the 20th anniversary season of the Alard String Quartet.

'67

**Andrea R. Clapp** (retailing '67) was elected operations officer by the board of United Virginia Bank of Charlottesville.

**Charles A. Wilson** (rehabilitation counseling '67) was guest speaker at a meeting of the Danville-Pittsylvania County Homebuilders' Association. His home is in Martinsville.

'68

**Arthur M. Bailey, Jr.** (rehabilitation counseling '68) has been promoted from a counselor to director of admissions for the two campuses of J. Sargeant Reynolds Community College in Richmond. He has been with the college since August 1973.

**Richard B. Lakes** (pharmacy '68) has been elected treasurer of the Virginia Pharmaceutical Association for 1974-75. Lakes, who lives in Charlottesville, is currently serving his second term as chairman of the public affairs committee of the Academy of General Practice of Pharmacy of the American Pharmaceutical Association.

**Michael D. Roberts** (hospital administration '68), of Lexington, KY., represented VCU at the inauguration of Wayne H. Bell as president of Lexington Theological Seminary.

'69

**James W. Duff, Jr.** (M.S. business '69) has become director of personnel for Eastern State Hospital. Duff was assistant to the dean of the business administration and management department of VCU before going to Eastern State.

**Carol R. Foster** (secretarial administration '69), president of the American Business Women's Association's Lee Chapter, has been named Woman-of-the-Year by the organization. She is currently advertising supervisor of the Apparel Equipment Division of AMF Incorporated in Richmond.

**Constance W. Shields** (social welfare '69) has received her master of social work degree from West Virginia University. She is a native of Richmond.

**James B. Taylor** (business administration '69) has been elected credit card officer for the Central National Bank in Richmond. He was a former teacher at Smithdeal Massey Business College before joining the bank in 1973.

'70

**Wendell B. Stevens** (painting/printmaking '68, M.F.A. '70) had a one-man exhibit of his works at the Barter Theatre in Abingdon, VA. Stevens is currently instructor in art at Virginia Intermont College in Bristol.

**Robert W. Worsham** (psychology '70) has received his Ph.D. degree from Rutgers State University of Kingwood, NJ. Dr. Worsham's home is in Arlington.

'71

**Dandridge B. Allen** (dentistry '71) has joined the dental practice of his father, Dr. D. Blanton Allen (dentistry '35), in Berryville, VA. Allen recently completed an overseas assignment in Germany with the Army.

**Richard B. Harris** (dentistry '71) has opened his own office for the general practice of dentistry in Virginia Beach.

**Connie L. Kade** (social welfare '71) has received her master of social work degree from West Virginia University. She is from Morgantown, WV.

**Thomas R. King** (psychology '71) has received the Juris Doctor degree from the School of Law at Washington and Lee University.

**Robert W. Klink** (medicine '71) has been assigned to Clark AFB, Philippines, where he will work at the 657th Tactical Hospital, a part of the 1st Medical Services Wing. Dr. Klink is a native of Vinton, VA.

'72

**Peggy S. Garth** (art education '72) has photographs on exhibit at the West Broadway Gallery in New York. She is a member of the Richmond Artists Co-Op which was invited to hold an exhibit in the West Broadway Gallery while the New York group was exhibiting its works at the Anderson Gallery at VCU.

**Stanley H. Garth** (sculpture '72) is one of 16 members of the Richmond Artists Co-Op who participated in an exhibit in the West Broadway Gallery in New York.

**Susan F. Pierce** (advertising '72) has become gerontology planner for the Central Shenandoah Planning District Commission. She resides in Staunton, VA.

**J. Steve Strosnider** (psychology '72) has graduated with an M.A. degree in clinical psychology from Appalachian State University, Boone, NC. He currently serves as staff psychologist and assistant research coordinator at the Community Mental Health Center and Psychiatric Institute, Norfolk, and as a part-time psychologist at the Portsmouth Psychiatric Center.

'73

**Michael D. Abbott** (communication arts/design '73) has been named curator of the Southwest Museum in Big Stone Gap, VA.

**Roger B. Bianchani, Jr.** (sociology '73) is employed as a sociologist with the EnviroPact Division of USC, Inc., in Falls Church, VA.

**Bonnie Biggs** (sculpture '73) is one of nine young Virginia Artists whose work is being shown in New York's West Broadway Gallery. She is a member of Richmond Artists Co-Op.

**Leonard I. Drumheller, Jr.** (elementary education '70, M.Ed. administration and supervision '73) has been elected president of the Louisa County Education Association. Drumheller has been a principal in Louisa County (VA.) for the past 12 years.

**Albert Leichter** (history '73) has been named regional program director of the Virginia Lung Association—Shenandoah Region.

**David A. Lough** (marketing '73) has graduated from the Air Force Strategic Air Command's combat crew training course. Lough, a pilot, is being assigned to Rickenbacker AFB, Ohio, for duty with the 32nd Air Refueling Squadron.

**Edna E. Reaves** (painting/printmaking '73) was one of nine young Virginia artists who exhibited their works at the West Broadway Gallery in New York. She is a member of the Richmond Artists Co-Op, a group of VCU graduates who are making a living from their art.

**George L. Weidig** (medicine '73) is doing his residency training at the Blackstone Family Practice Center. He is a native of Winchester, VA.

'74

**Robert B. Carter** (M.Ed. administration and supervision '74) is assistant principal at Jouett Junior High School in Charlottesville.

**Daniel D. Dunham** (M.S.W. '74) has joined the firm of Alternatives, Inc. of Middletown, OH, as a director.

**Charles W. Murphy** (business administration '74) has been appointed account executive with Merrill Lynch, Pierce, Fenner & Smith Incorporated in Columbia, SC.

**Vina L. Schatz** (distributive education '74) has become an occupational director for York High School in Yorktown, VA.

**Leonard J. Varmette** (M.H.A. '74) is the new health resources planner for the West Piedmont Planning District Commission, Rocky Mount, VA.

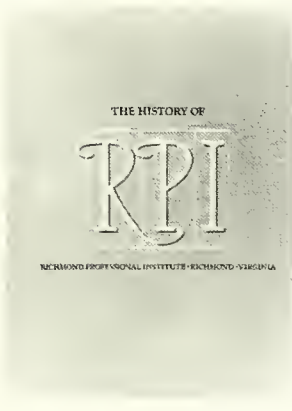


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